## PATENT APPLIFICION FEE DETERMINATION RECOREMENT 8, 2004

Application or Docket Number

10/535025

| (Column 1) (Column 2)  |  |   |               |   |            |                                    |     | SMALL ENTITY TYPE  |                        | OF   | OTHER THAN OR SMALL ENTITY |                        |
|--|--|---|---------------|---|------------|------------------------------------|-----|--------------------|------------------------|------|----------------------------|------------------------|
| U.S. NATIONAL STAGE FEES   |  |   |               |   |            |                                    | 7   | RATE               | FEE                    | 7    | RATE                       | FEE                    |
| 8/   | ASIC FEE                                       |   | SMALL EN      | T. = \$ 150   | LAF        | RGE ENT. = \$ 300                  | 1   | BASIC FEE          | 150                    | OF   | BASIC FEE                  | <del> </del>           |
| Ð  | CAMINATION F                                   | EE  | Satisfies PCT |   | All        | other situations = \$ 100 / \$ 200 | 1   | EXAM. FEE          | 100                    |      | EXAM. FEE                  | <del> </del>           |
| SEARCH FEE   |  |   | ALL other or  | U.S. is ISA = \$50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 |            | other situations = \$ 250 / \$ 500 |     | SEARCH FEE         | 200                    |      | SEARCH FEE                 |                        |
| FEE FOR EXTRA SPEC. PGS.   |  |   | mir           | minus 100 =   |            | / 50 =                             | 1   | X \$ 125 =         |                        | 1    | X \$ 250 =                 |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | 30 m          | 30 minus 20 = .   |            | 10                                 |     | X \$ 25 =          | 250                    | OR   | X \$ 50 =                  |                        |
| INE  | DEPENDENT C                                    | CLAIMS                                    |               | minus 3 =   |            |                                    |     | X \$ 100 =         |                        | OR   | X \$ 200 =                 |                        |
| MU   | LTIPLE DEPE                                    | NDENT CLAIM PR                            | RESENT        |   |            |                                    |     | + \$ 180 =         |                        | OR   | + \$ 360 =                 |                        |
| If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |               |   |            |                                    |     | TOTAL              |                        | OR   | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |  |   |               |   |            |                                    | , , | SMALL E            | ENTITY                 | OR   | OTHER<br>SMALL E           |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGHE<br>NUMB<br>PREVIOI<br>PAID F                                      | ER<br>USLY | PRESENT<br>EXTRA                   |     | RATE               | ADDI-<br>TIONAL<br>FEE |      | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  |   | Minus         | **  |            | =                                  |     | X \$ 25 =          |                        | OR   | X \$ 50 =                  |                        |
|  | Independent                                    | •   | Minus         | ***   |            | =                                  |     | X \$ 100 =         |                        | OR   | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |               |   |            |                                    |     | + \$ 180 =         |                        | OR   | + \$ 360 =                 |                        |
| •  |  |   |               |   |            |                                    | ٦   | OTAL ADDIT.<br>FEE |                        | ÓR   | TOTAL ADDIT.<br>FEE        |                        |
|  |  | (Column 1)                                |               | (Column   | n 2)       | (Column 3)                         |     |                    |                        |      |                            |                        |
|  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO                                   | R<br>ISLY  | PRESENT<br>EXTRA                   |     | RATE               | ADDI-<br>TIONAL<br>FEE |      | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus         | **  |            | =                                  |     | X \$ 25 =          |                        | OR   | X \$ 50 =                  |                        |
|  | Independent                                    | •   | Minus         | ***   |            | =                                  |     | X \$ 100 =         |                        | OR   | X \$ 200 =                 |                        |
| `  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |               |   |            |                                    |     | + \$ 180 =         |                        | OR   | + \$ 360 =                 |                        |
|  |  |   |               |   |            |                                    | T   | FEE                |                        | or ¯ | TOTAL ADDIT.<br>FEE        |                        |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |               |   |            |                                    |     |                    |                        |      |                            |                        |